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FACSIMILE TRANSMISSION**CONFIDENTIAL****DATE:** March 30, 2005**CLIENT No.:** 22725**To:**

NAME	FAX No.	PHONE No.
Commissioner for Patents - USP'IO	(703) 872-9306	

FROM: Brian M. Hoffman, Reg. No. 39,713 **PHONE:** (415) 875-2444

NUMBER OF PAGES WITH COVER PAGE: 4

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MESSAGE:

Attached are Requests for Withdrawal as Attorney or Agent in the following applications:

09/939,206

09/991,428

CAUTION - CONFIDENTIAL

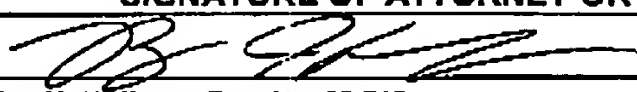
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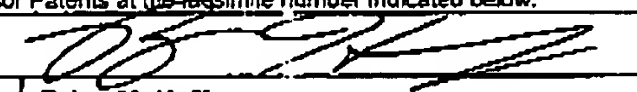
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0001/PTO Rev. 10/95 TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	U.S. Department of Commerce Patent and Trademark Office	Application Number	N/A
		Filing Date	N/A
		First Named Inventor	N/A
		Examiner	
		Group Art Unit	
Total Number of Pages in This Submission		Attorney Docket Number	

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SH-08A <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input checked="" type="checkbox"/> Request to Withdraw as Attorney or Agent in Application Nos. 09/939,206 09/991,428 _____ _____ _____ _____ _____ _____

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Brian M. Hoffman, Reg. No. 39,713	Dated:	March 30, 2005

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.			
Signature:			
Typed or Printed Name:	Brian M. Hoffman	Dated:	March 30, 2005
Facsimile Number:	1-703-872-9306		

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/939,206
	Filing Date	August 24, 2001
	First Named Inventor	James M. Gill
	Group Art Unit	3629
	Examiner Name	Jamisque A. Webb
	Attorney Docket Number	22725-05869

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.


The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Alston & Bird LLP				
Address	Bank of America Plaza, 101 South Tryon Street, Suite 4000				
Address					
City	Charlotte	State	NC	Zip	28280-4000
Country	United States				
Telephone	(704) 444-1000	Fax	(704) 444-1111		

- ☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number _____
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Brian M. Hoffman, Reg. No. 39,713
Signature	
Date	March 30, 2005

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

22725/01000/SF/5140187.1